

Life After School Emergency Contact Form

Participant's Name: _____

Address: _____

Home Phone: _____

Mother's Name: _____

Day Phone: _____

Father's Name: _____

Day Phone: _____

Emergency Contact: _____

Day Phone: _____

Program Site: _____

City: _____

Cell Phone: _____

Other Phone: _____

Cell Phone: _____

Other Phone: _____

Cell Phone: _____

Other Phone: _____

Please list person's authorized to pick-up your child:

	Name	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

I understand that I must pick up my child by 6:00 pm. If I come later than this time, I will pay \$10.00 for the first 10 minutes that I am late, and \$10.00 for every 10 minutes I am late thereafter. If I am more than one hour late, I understand that my child may be under the care of the Fairfield Police Department. *Habitual tardiness could result in termination from the program.*

PLEASE LIST ANY ALLERGIES OR SPECIAL NEEDS YOUR CHILD MAY HAVE

Liability Waiver (Signature Required)

I _____ declare that I am the participant, and/or the parent or legal guardian of _____ (hereinafter referred to as "Participant(s)"). I, the undersigned, do hereby agree to participate and/or allow Participant(s) to participate in the classes and programs listed above. I am aware that participation in the above listed activity involves an element of risk and danger of accidents. I am participating and/or allowing Participant(s) to participate in this activity with knowledge of the danger involved. **I accept and assume all risks of injury, death, or property damage.** (Please initial) _____.

I agree to release, waive, discharge and covenant not to sue the City of Fairfield, its officers, volunteers or employees, from all actions, claims, demands or liability for any bodily injury, death or property damage arising out of or in any way connected with my and/or Participant(s)' participation in this activity, including any provided transportation services. I also grant full permission to the City of Fairfield to use my and/or Participant(s)' name and/or photograph, videograph, motion picture or recording for any publicity or promotion purposes without obligation or liability.

Signature: _____ Print Name: _____ Date: _____